Schedule E)	FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Planned Parenthood Votes	C C00489799		
Check if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y = Y		
Full Name of Payee 76 Words	Date of Public Distribution/Dissemination		
70 Words	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1806 Vernon St, NW #100	Amount		
City State Zip Code	4396.83		
Washington DC 20009	Transaction ID : B634927 Date of Disbursement or Obligation		
Purpose of Expenditure Online video Production-Estimated costs Category/ Type 004	11 01 2016		
Name of Federal Candidate Support Office	Sought: House District:		
Clinton, Hillary, , ,	President Senate State: US		
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Community Outreach Group LLC	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1110 Vermont Ave N.W. #300	Amount		
City State Zip Code	78701.96		
Washington DC 20005	Transaction ID : B634932 Date of Disbursement or Obligation		
Purpose of Expenditure Canvassing-Estimated costs Category/ Type 007	11 01 2016		
Name of Federal Candidate Support Office	Sought: House District:		
Clinton, Hillary, , ,	President Senate State: US		
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	83098.79		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	1 7 1 7 1 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Schifeling, Deirdre, , , [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

Schedule E)	ENDENT EXPEND	ITORLS		PAGE 2 OF 12 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼		
Planned Parenthood Votes	C00489799					
Check if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Planned Parenthood Advoc	ates of Ohio		M = M /	Distribution/Dissemination		
Mailing Address 206 E State St.			Amount	01 2016		
City Columbus	State OH	Zip Code 43215	Transaction II	4529.22 D : B634938		
Purpose of Expenditure Canvassing-Estimated costs		Category/ Type 007	Date of Disbur	sement or Obligation 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		✗ Support	Office Sought:	House District:		
Clinton, Hillary, , , Calendar Year-To-Date		Oppose	x President Disbursement For:	Senate State: US Primary X General		
Per Election for Office Sought		4220439.82	2016 Other (spe			
Full Name of Payee Planned Parenthood Advocate	es of Ohio		Date of Public	Distribution/Dissemination 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 206 E State St.			Amount			
City Columbus	State OH	Zip Code 43215	Transaction ID			
Purpose of Expenditure Phone calls-Estimated costs		Category/ Type 007	Date of Disbu	rsement or Obligation D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Clinton, Hillary, , ,		✗ Support	Office Sought:	House District:		
Calendar Year-To-Date Per Election for Office Sought		Oppose 4220439.82	Disbursement For: 2016 Other (spe	Primary State. General		
	, ,			Sciry) P		
(a) SUBTOTAL of Itemized Independent	Expenditures		· •	6968.04		
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•			
(c) TOTAL Independent Expenditures			·			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Schifeling, Deirdre, , , Signature	[Electron	nically Filed] Date	11 02	2016		

Schedule E)	PAGE 3 OF 12 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Planned Parenthood Votes	C C00489799				
Check if 24-hour report 48-hour report New report Amends report filed on					
The Pivot Group	of Public Distribution/Dissemination				
Mailing Address 1720 I Street NW Suite 550	11 02 7 2016				
Amoul	nt				
City State Zip Code	19004.63				
	action ID : B634942 of Disbursement or Obligation				
Purpose of Expenditure Mail production and postage - Estimated Costs Category/ Type 003	11 02 / Y Y Y Y Y Y 2016				
Name of Federal Candidate X Support Office Sough	it: House District:				
Clinton, Hillary, , ,	ent Senate State: US				
Calendar Year-To-Date Per Election for Office Sought Disbursemen 2016 O	ther (specify) ►				
	of Public Distribution/Dissemination				
Bully Pulpit Interactive	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1140 Connecticut Ave NW #800 Amou	int				
City State Zip Code	78000.00				
Washington DC 20036 Transa	action ID : B634918 of Disbursement or Obligation				
Purpose of Expenditure Online advertising-Estimated costs Category/ Type 004	11 02 / 2016				
Name of Federal Candidate Support Office Sough	nt: X House District: 10				
Comstock, Barbara, , , Preside					
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 O	nt For:				
(a) SUBTOTAL of Itemized Independent Expenditures	97004.63				
	7 7 7				
(b) SUBTOTAL of Unitemized Independent Expenditures	77 1 77 1 77				
(c) TOTAL Independent Expenditures	7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Schifeling, Deirdre, , , [Electronically Filed] Date 11	02 / 2016				

Schedule E)	PAGE 4 OF 12 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Planned Parenthood Votes	C C00489799				
Check if X 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee The Pivot Group	Date of Public Distribution/Dissemination				
Mailing Address 1720 I Street NW Suite 550	11 02 2016 Amount				
City State Zip Code Washington DC 20005	19004.63 Transaction ID : B634896				
Purpose of Expenditure Mail production and postage - Estimated Costs Category/ Type 003	Date of Disbursement or Obligation 11 02 2016				
Hoper Maggie	ce Sought: House District:				
Calendar Year-To-Date Dis	President X Senate State: NH bursement For: Primary X General				
Per Election for Office Sought 1001053.85 201 Full Name of Payee	Other (specify) Date of Public Distribution/Dissemination				
The Pivot Group Mailing Address 1720 I Street NW Suite 550	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
1720 Folloct IVV Guile 666	Amount				
City State Zip Code Washington DC 20005	9502.32 Transaction ID : B634899 Date of Disbursement or Obligation				
Purpose of Expenditure Mail production and postage - Estimated Costs Category/ Type 003	M 11 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Kuster, Ann McLane, , , Oppose	ce Sought:				
Calendar Year-To-Date Per Election for Office Sought Dis 20'	bursement For: Primary X General				
(a) SUBTOTAL of Itemized Independent Expenditures	28506.95				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Schifeling, Deirdre, , , [Electronically Filed] Date	11 02 2016				

					FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)			FEC ID	ENTIFICATION	ON NUMBER ▼
Plan	ned Parenthood Votes			С	C00489799	
Check	f X 24-hour report 48-hour report New repo	rt Amends report t		- M /	D D /	Y Y Y Y Y
Ful	Name of Payee		Date of	of Public	c Distribution/	Dissemination
	ommunity Outreach Group LLC		M	11 /	01	2016
Ма	ling Address 1110 Vermont Ave N.W. #300		Amou	nt		
City	State	Zip Code	- [-		78701.95
_		20005			ID: B634904 irsement or C	Obligation
	pose of Expenditure nvassing-Estimated costs	Category/ Type 007	М	11	01	2016
Nai	ne of Federal Candidate	Support C	office Sough	t:	House	District:
Po	rtman, Rob, , ,	X Oppose	Preside	ent [X Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought		visbursemen 016 O		Primary	✗ General
	Name of Payee	<u> </u>	Date	of Public	c Distribution	/Dissemination
P	anned Parenthood Advocates of Ohio		IV	11 M	/ D D /	2016
Ма	iling Address 206 E State St.		Amou	nt		
Cit	State	Zip Code	$\dashv \sqcap$			4529.22
Co	olumbus OH	43215			D: B634908 ursement or (Obligation
	pose of Expenditure invassing-Estimated costs	Category/ Type 007	TV	11 M	01	2016
Na	me of Federal Candidate	Support C	Office Sough	t:	House	District:
Po	rtman, Rob, , ,	x Oppose	Preside	ent [X Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought		Disbursemen 2016 O		Primary	X General
(a)	SUBTOTAL of Itemized Independent Expenditures)				83231.17
(b)	SUBTOTAL of Unitemized Independent Expenditures)			1 1 7	
(c)	TOTAL Independent Expenditures)	· [.			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
_		cally Filed] Date	M M /	02	/ Y Y 201	6
5	ignature					

PAGE

OF

Schedule E)	PAGE 6 OF 12 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Planned Parenthood Votes	C C00489799				
Check if X 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Planned Parenthood Advocates of Ohio	Date of Public Distribution/Dissemination				
Mailing Address 206 E State St.	11 01 2016 Amount				
City State Zip Code Columbus OH 43215	2438.81 Transaction ID : B634911				
Purpose of Expenditure Phone calls-Estimated costs Category/ Type	Date of Disbursement or Obligation 007				
Name of Federal Candidate Sup	port Office Sought: House District:				
Portman, Rob, , ,					
Calendar Year-To-Date Per Election for Office Sought 1076550.04	Disbursement For: Primary ★ General 2016 Other (specify) ►				
Full Name of Payee Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination 10 25 2016				
Mailing Address 123 William St, 10th Floor	Amount				
City State Zip Code New York NY 10038	145.32 Transaction ID : B634902				
Purpose of Expenditure Staff time for direct voter contact-Estimated costs Category/ Type	Date of Disbursement or Obligation 001 Date of Disbursement or Obligation 25 2016				
Name of Federal Candidate Sup	pport Office Sought: House District:				
Portman, Rob, , ,	President Senate State: OH				
Calendar Year-To-Date Per Election for Office Sought 1076550.04	Disbursement For: Primary General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	2584.13				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	······································				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Schifeling, Deirdre, , , [Electronically Filed] Signature	Date 11 02 2016				

	silicatic Ly	FOR SE OF FORM 24/48		
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
۲	Planned Parenthood Votes	C C00489799		
Ch	neck if X 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay		
	Full Name of Payee	Date of Public Distribution/Dissemination		
	The Pivot Group	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 1720 I Street NW Suite 550	Amount		
	City State Zip Code	9502.32		
	Washington DC 20005	Transaction ID : B634897 Date of Disbursement or Obligation		
	Purpose of Expenditure Mail production and postage - Estimated Costs Category/ Type 003	11		
	Name of Federal Candidate Support Office	ce Sought: X House District: 01		
	Shea-Porter, Carol, , , Oppose	President Senate State: NH		
	Odiciladi icai io bato	pursement For: Primary X General		
	Per Election for Office Sought 9502.32 2016	Other (specify)		
	Full Name of Payee Planned Parenthood Advocates of Ohio	Date of Public Distribution/Dissemination		
		11 01 2016		
	Mailing Address 206 E State St.	Amount		
	City State Zip Code	2438.81		
	Columbus OH 43215	Transaction ID : B634915 Date of Disbursement or Obligation		
	Purpose of Expenditure Phone calls-Estimated costs Category/ Type 007	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate Support Office	ce Sought: House District:		
	Strickland, Ted, , , Oppose	President Senate State: OH		
	Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary X General 6 Other (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures	11941.13		
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures			
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
		11 02 2016		
	Signature			
_				

PAGE 7

OF

Schedule E)	DENT EXICINE	JII OI LEO	PAGE 8 OF 12 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Planned Parenthood Votes	C C00489799					
Check if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Community Outreach Group LI	_C		Date of Public Distribution/Dissemination			
Mailing Address 1110 Vermont Ave N.W. #30	0		11 01 2016 Amount			
City Washington	State DC	Zip Code 20005	78701.95 Transaction ID : B634906			
Purpose of Expenditure Canvassing-Estimated costs		Category/ Type 007	Date of Disbursement or Obligation 11 01 2016			
Name of Federal Candidate		✗ Support	Office Sought: House District:			
Strickland, Ted, , , Calendar Year-To-Date		Oppose	President Senate State: OH Disbursement For: Primary Senate General			
Per Election for Office Sought		1076550.04	2016 Other (specify) ▶			
Full Name of Payee Planned Parenthood Advocates	of Ohio		Date of Public Distribution/Dissemination 11 01 2016			
Mailing Address 206 E State St.			Amount			
City Columbus	State OH	Zip Code 43215	4529.22 Transaction ID : B634907			
Purpose of Expenditure Canvassing-Estimated costs		Category/ Type 007	Date of Disbursement or Obligation 11 01 2016			
Name of Federal Candidate		✗ Support	Office Sought: House District:			
Strickland, Ted, , , Calendar Year-To-Date		Oppose	President Senate State: OH Disbursement For: Primary General			
Per Election for Office Sought		1076550.04	2016 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expe	nditures		83231.17			
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		>			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Schifeling, Deirdre, , , Signature	[Electro	nically Filed] Date	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

	include Ly	FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Ρ	lanned Parenthood Votes	C C00489799		
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay		
	Full Name of Payee	Date of Public Distribution/Dissemination		
	Planned Parenthood Action Fund Inc.	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 123 William St, 10th Floor	Amount		
	City State Zip Code	145.33		
	New York NY 10038	Transaction ID : B634903 Date of Disbursement or Obligation		
	Purpose of Expenditure Staff time for direct voter contact-Estimated costs Category/ Type 001	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate Support Office	e Sought: House District:		
	Strickland, Ted, , , Oppose	President Senate State: OH		
	Calendar Year-To-Date Per Election for Office Sought Disb 2016			
	Full Name of Payer	Other (specify)		
	Full Name of Payee 76 Words	Date of Public Distribution/Dissemination		
	Mailing Address 1806 Vernon St, NW #100	11 01 2016 Amount		
	City State Zip Code	4396.82		
	Washington DC 20009	Transaction ID : B634925 Date of Disbursement or Obligation		
	Purpose of Expenditure Online video production-Estimated costs Category/ Type 004	11 01 2016		
	Name of Federal Candidate Support Office	e Sought: House District:		
	Trump, Donald, , ,	President Senate State: US		
	Calendar Year-To-Date Per Election for Office Sought Dist 201	ursement For: Primary X General Other (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures	4542.15		
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures			
,	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
		11 02 2016		
	Signature			
_				

PAGE 9

OF

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Planned Parenthood Votes C00489799 Check if | X | 24-hour report X New report Amends report filed on 48-hour report Full Name of Payee Date of Public Distribution/Dissemination Community Outreach Group LLC 01 2016 11 Mailing Address 1110 Vermont Ave N.W. #300 Amount State Zip Code City 78701.96 DC 20005 Transaction ID: B634930 Washington Date of Disbursement or Obligation Purpose of Expenditure Category/ Canvassing-Estimated costs 007 11 01 2016 Type Name of Federal Candidate Office Sought: Support House District: Trump, Donald, , , US Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 2016 4220439.82 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Planned Parenthood Advocates of Ohio 11 01 2016 Mailing Address 206 E State St. Amount City State Zip Code 2438.81 ОН Transaction ID: B634939 Columbus 43215 Date of Disbursement or Obligation Purpose of Expenditure Category/ 007 Phone calls-Estimated costs 2016 11 01 Type Name of Federal Candidate Support Office Sought: House District: Trump, Donald, , , US X Oppose **X** President Senate State: Disbursement For: Primary ✗ General Calendar Year-To-Date 2016 4220439.82 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 81140.77 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Schifeling, Deirdre, , , [Electronically Filed] 11 02 2016 Date Signature

12

OF

PAGE

		FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
٢	lanned Parenthood Votes	C C00489799		
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay		
\Box	Full Name of Payee	Date of Public Distribution/Dissemination		
	Planned Parenthood Advocates of Ohio	11 01 2016		
	Mailing Address 206 E State St.	Amount		
	City State Zip Code	4529.22		
	Columbus OH 43215	Transaction ID : B634934 Date of Disbursement or Obligation		
	Purpose of Expenditure Canvassing-Estimated costs Category/ Type 007	11 / 01 / 2016		
	Name of Federal Candidate Support Office	Sought: House District:		
	Trump, Donald, , ,	President Senate State: US		
	Calendar Year-To-Date Per Election for Office Sought Disbur 2016	sement For:		
	Full Name of Payee ib5k, LLC	Date of Public Distribution/Dissemination 11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 343 Carl Street	Amount		
	City State Zip Code	35000.00		
		Transaction ID : B634944 Date of Disbursement or Obligation		
	Purpose of Expenditure Online video production-Estimated costs Category/ Type 007	11 / 02 / 2016		
	Name of Federal Candidate Support Office	Sought: House District:		
	Trump, Donald, , ,	President Senate State: US		
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary ★ General Other (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures	39529.22		
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures			
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	Schifeling, Deirdre, , , [Electronically Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

PAGE

OF

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Planned Parenthood Votes C00489799 Check if | X | 24-hour report X New report Amends report filed on 48-hour report Full Name of Payee Date of Public Distribution/Dissemination Blueprint Interactive 2016 02 11 Mailing Address 2229 North Pollard St Amount State Zip Code City 85018.00 VA 22207 Transaction ID: B634946 Arlington Date of Disbursement or Obligation Purpose of Expenditure Category/ Online advertising-Estimated cost 004 11 02 2016 Type Name of Federal Candidate Office Sought: Support House District: Trump, Donald, , , US Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 2016 4220439.82 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 85018.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 606796.15 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Schifeling, Deirdre, , , [Electronically Filed] 11 02 2016 Date Signature

12

OF

PAGE